

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

No. 724 Time 10:15 St. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadaloupe Pacillas
3. Sex of Child Female
4. Twin, triplet or other _____ 5. Legitimate _____ 6. Date of birth Sept 13, 1924
Month _____ day _____ year _____
7. No., in order of birth 9 yes If child is not yet named, make supplemental report, as directed.

8. FATHER
Full name Abundio Pacillas
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
10. Color or race Mex
11. Age at last birthday 46 (Years)
12. Birthplace (city or place) Zacatecas
(State or country) Mex
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Inbercia Lopez
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
16. Color or race Mex
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Zacatecas
(State or country) Mex
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 3
(b) Born alive but now dead 6
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7:4 a.m. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.
(Physician or midwife)
Address Miami - Ariz.
Filed Apr 30, 1925 Local Registrar.
Filed 10-6, 1924 County Registrar.

Registrar. _____
Month, day, year. _____

772-913-339